

Madison County Youth Center
Madison Circuit Court, Division 2
 Application for Employment

For Office Use Only: Do not write in this section.			
GW		Received: _____	Number: _____
CS			
Sex Offender Registry Check: _____			Quest: _____

Prospective employees will receive consideration without discrimination due to race, age, color, religion, sex, sexual orientation, disability, national origin, ancestry, status as a veteran, or any other characteristic protected by law.

The Madison County Youth Center is an equal opportunity employer.

All prospective employees will be subject to a sex offender check, criminal background checks (state, local, and national), BMV check, Department of Child Services check and pre-employment drug screening. In addition, all non-secure childcare employees will be fingerprinted and run through the FBI national data base.

Instructions:

1. Print or type and complete the entire application.
2. Applications will remain active for one year from submission.

Date of application: _____ Date available for work: _____

PER STATE LICENSING REQUIREMENTS, ALL CHILDCARE STAFF MUST BE 21 YEARS OF AGE.

Are you at least 21 years of age? YES NO If NO when will you be 21? _____

Last Name:	First Name:	Initial	Maiden/Other:	
Street Address:		City:		State:
E-Mail Address:			Social Security Number:	
Home Phone:		Cell Phone:		Work Phone:
ZIP Code				

***Indicate position(s) for which you are applying:**

Full-Time _____	Part-Time _____	
Secure Child Care _____	Security _____	Day Reporting _____
Maintenance/Custodial _____	Food Service _____	Secretarial _____

Other: _____

How did you hear of this position? _____

Have you ever been employed with this organization before? If yes, when. _____

Are you acquainted with or related to anyone who is a current employee of the Youth Center? If yes, list employee(s) name(s) and the nature of the relationship. _____

Availability: Please indicate what days and shifts you are available to work.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day							
Evening							
Overnight							

Related Experience: (e.g. volunteer work, course work, training, certifications, etc.)

Computer Skills: Please list computer skills you have, include programs that you are proficient in using.

Military Experience: Have you served in the U.S. Armed Forces? If yes, which branch. _____

Are you currently active? YES NO

Education:

	Name & Location	Number of years completed	Did you Graduate?	Degree Earned
High School				
Business/Trade or Technical School				
College				
Graduate School				

Employment History: Please provide accurate and complete information on all positions held within the past 10 years, beginning with the most recent. If additional space is needed, see the security officer at the front desk to obtain an additional employment information sheet.

Company Name & Address	Phone Number	Employment Dates	Position/Positions	Supervisor
Reason for leaving:			May we contact for references?	YES NO

Company Name & Address	Phone Number	Employment Dates	Position/Positions	Supervisor
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Company Name & Address	Phone Number	Employment Dates	Position/Positions	Supervisor
Reason for leaving:			May we contact for references?	YES NO

In your employment history, have you ever been disciplined, suspended, or terminated? If yes, explain. _____

Institutional Employment History:

Have you ever been employed by, volunteered for or in any way been affiliated with a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? YES NO

If **YES** and **NOT** already listed in your prior employment history, please provide the following information:

Institution Name & Address	Phone Number	Employment Dates	Position/Positions	Supervisor

Institution Name & Address	Phone Number	Employment Dates	Position/Positions	Supervisor

Institution Name & Address	Phone Number	Employment Dates	Position/Positions	Supervisor

Have you engaged in or been accused of engaging in sexual abuse, sexual harassment or sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, residential facility, or other institution? YES NO

If **YES**, please explain: _____

Have you ever been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, victims lack of consent or victims inability to consent or refuse? YES NO

If yes, provide the following information regarding charge/incident:

Date	Location	Charge / Accusation	Sentence / Outcome

Criminal History: A local, state and national criminal history check, sex offender check, DCS check and a BMV check will be conducted on all persons prior to employment. Additional checks may be required for certain departments/positions.

Have you ever been convicted of a crime, or have current charges pending other than the above sexual related offenses that has NOT been expunged or sealed by the court? YES NO

If YES please provide dates and details: _____

Do you possess a valid driver's license? YES NO If yes, in what state? _____

If no, do you have a suspended license? YES NO

Please explain the circumstances regarding the suspension. Also indicate when your license will be reinstated.

List any prior traffic violations: _____

References: Please list three references. These should not be relatives or previous employers.

Name:	Phone:
Street:	Occupation:
City:	State: ZIP

Name:	Phone:
Street:	Occupation:
City:	State: ZIP

Name:	Phone:
Street:	Occupation:
City:	State: ZIP

Application Statement: I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, verbal communication, or by the conduct of either party unless such change is specifically acknowledged in writing by an authorized executive of the organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. **I understand that I will be required to submit to a drug screen prior to employment and am subject to drug screens and/or breathalyzer tests at any time during my employment.** I understand that I am required to abide by the rules and regulations of the employer.

Signature of Applicant

Date